

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
3 47 19 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 2 45 *		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1				101	1		51				
2				102			52				
3				103			53				
4				104			54				
5				105			55				
6				106			56				
7				107			57				
8				108			58				
9				109			59				
10				110			60				
11				111			61				
12				112			62				
13				113			63				
14				114			64				
15				115			65				
16				116			66				
17				117			67				
18				118			68				
19				119			69				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				